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**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004337 (1)

1. Corporation Name
MLA SYSTEMS, INC.



Principal Place of Business

**270 MARBLE AVENUE
PLEASANTVILLE NY 10570-2982**

Mailing Address

**270 MARBLE AVENUE
PLEASANTVILLE NY 10570-3411**

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

08/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

13-3782270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	SCORDATO, EMIL A	270 MARBLE AVENUE	PLEASANTVILLE NY 10570-2982	<input type="checkbox"/>
D	BAUER, STEPHEN	106 CORPORATE PARK DR	WHITE PLAINS NY 10604	<input type="checkbox"/>
DS	BERKMAN, JEROME ESQ.	4 VALLEY VIEW DR.	STAMFORD CT 06903	<input type="checkbox"/>
D	GORMAN, JOHN G M.D.	400 EAST 56TH ST., APT. 39B	NEW YORK NY 10022	<input type="checkbox"/>
D	KEEGAN, WILLIAM P	155 BEACH 133RD ST.	BELLE HARBOR NY 11694	<input type="checkbox"/>
D	LIEB, ROBERT E	110 EAST RIDGE RD.	WACCABUC NY 10597	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	Richard Scordato	270 MARBLE AVENUE	PLEASANTVILLE, N.Y. 10570	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition																
	E. Stuart Chymen	270 MARBLE AVENUE	PLEASANTVILLE, N.Y. 10570	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition																
	Lou Ann Page	270 MARBLE AVENUE	PLEASANTVILLE, N.Y. 10570	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition																

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Stuart Chymen E. Stuart Chymen 1/16/97 (914) 297-5020

Date: 1/16/97

CR2E034 (9/96)